

22

מדינת ישראל

משרד ראש הממשלה

גנזך המדינה

תיק מס' 4899/31

דואר מחוז השומרון - חמשא, א' / נכח אול רחם

Deceased Tawfic Mahmoud

alias Dager, Shweikeh Village

Tulkarm Sub-District

יו"ר מ"מ - אול רחם

תיק מס' 4899/31

מיכל מס'

מדינת ישראל
גנזך המדינה



מ - 4899/31

03/12/2003

02-108-11-11-07

מזהה פיזי

כתובת:

מ

ארץ ישראל
ממשלת המנדט

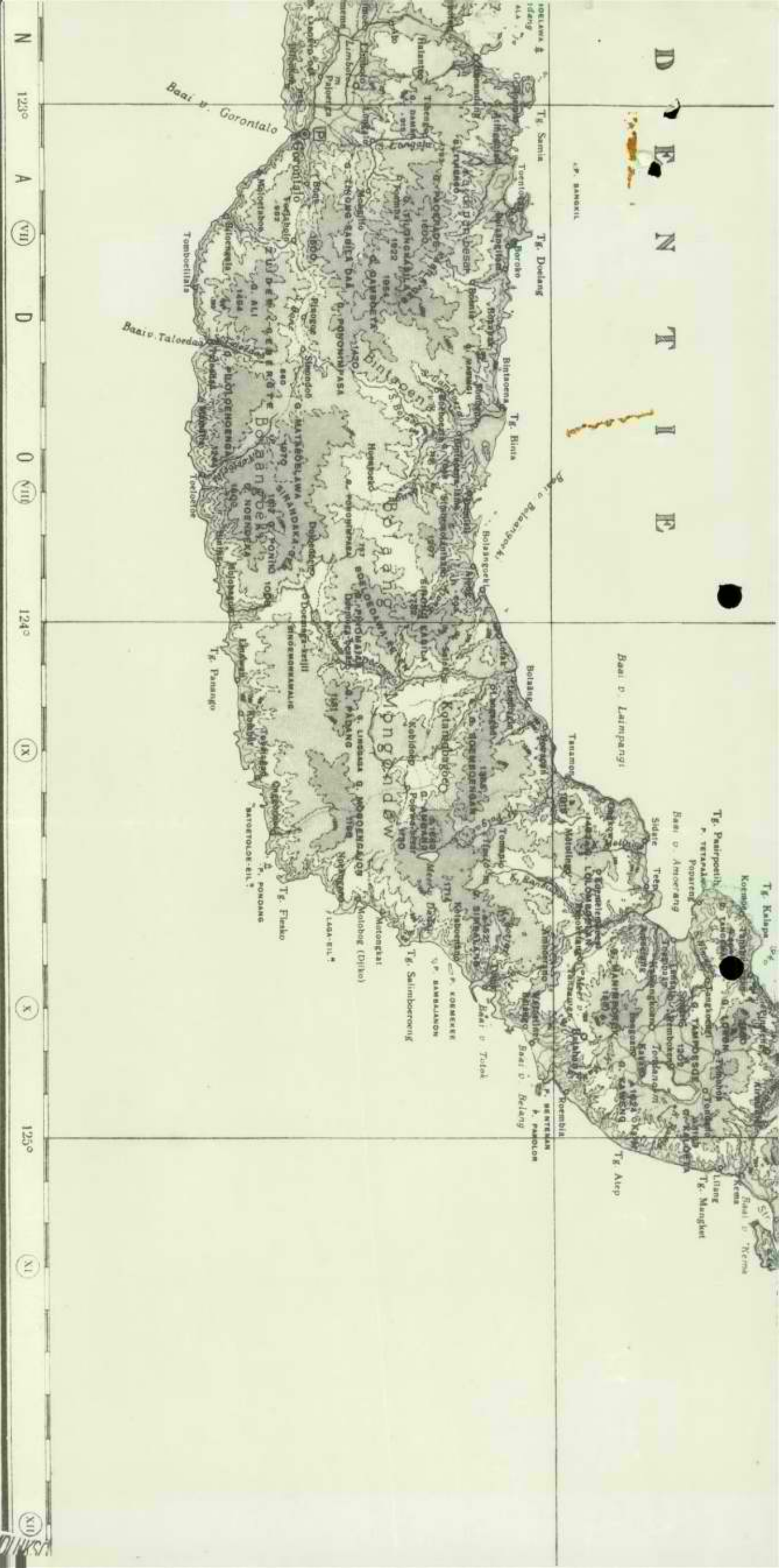
מחלקה

Coroner's Inquest.
No. 39/46.

Paid. ~~Salih~~
29/7/46

Deceased Tawfic Mahd. Alias Dager.
Shweikeh Village, Tulkarm S.D.

DUTCH EAST INDIES



Schaal (Scale) 1:1 000 000

1 mm (Millimetre) = 1 km (Kilometre)

20 30 40 50 60 70 80 90 100 110 km (Kilometres)

1 Mile (Mile) = 1609 m (Metres)

20 30 40 50 60 70 Engelse mijlen (English miles)

REFERENCE (LEGENDA)

Importance (over 100,000 inhabitants)

Shipping Grounds

L. Lappehan Roads (Reede) A. Air

Copied from a Dutch map by W.O.
 Reproduced by 512 (A. Fd. Svy.) Coy., F
 From half tone negatives supplied by W-

ABBREVIATIONS (Verkortingen)

GOVERNMENT OF PALESTINE.
OTHER CHARGES VOUCHER.

DUPLICATE

No.

(To be inserted by Sub-Accountant)

Station	Head of Estimate	Sub-Head
Pay to		

Date	Detailed description of Service or Article	Quantity	Rate	Amounts	
				LP.	Mils
151	Medical fees for patients in vicinity of Khargah Mch. 1924 of Dist. Japan in transfer of Mch. 1924 of Shikharat Village: Census Mar. 1924 x 1/10				
	Certificates Provisional services rendered for post-mortem exam. of 10 cases under this Census Card 1924 Medical reports attached to 10 Post. Records only				
	Total				
	Total brought forward from reverse				
F. A. No. 4 of 11-4-26	Grand Total		LP.		

1. I certify that the above amount is correct and was incurred under the authority quoted, and that the ^{rate} charged ⁱⁿ according to ^{regulation} or fair and reasonable, and that the payment will not cause an excess over ^{the} ^{price} ^{are} ^{to} ^{contract} ^{me} ^{Be} ^{amounts} allocated to me.

Date 19 7 96

2. Received the _____ day of _____
the sum of _____

Signature	Head of
Title	Department

In payment of the above amount:

Signature of Receiver

3. I certify that the sums indicated above have been duly paid by me to the persons entitled thereto.

Signature of Witness to payment, Seals and Marks.
(Only necessary when payees are illiterate).

Signature of Paying Officer

Date 19

GPP, 43757-500.000-22-10-44 2627 A/8.

(P. T. O.)

[illegible]

MEDICO-LEGAL REPORT.

146400

Report No. _____ Name _____
 Register No. _____ Age _____ Sex _____
 Place where examined _____ Probable period of incapacity due to
 Date _____ Hour _____ injuries. _____

REPORT.

Signature of Medical Officer.

100-10

MEDICO-LEGAL REPORT

Name

Room No.

Sex

Age

Admission No.

Particulars of complaint and history

Examination

Physical

Examination

Examination

Date

REPORT

8/46.

Nablus Urban Police Station,
17th July, 1946.

Coroner,
Samarra District. Nablus.

Subject :- Coroner Inquests.

Kindly note that ~~at~~ During the early hours of 17.7.46.
the following person :-

TANFIK MAHMOUD alias DAGER

Place of death.....Government Hospital, Nablus.
Usual Residence.....Shweiki Village.
Sex.....Male Age 9 years.
NationalityPalestinian Single.
Religion.....Moslem Race.....Arab.
Birthplace.....Shweiki Village. Occupation.....Student.

Number of children born to deceased.....NIL
Name of Informant.....Government Hospital, Nablus.
Address.....Nablus.

WAS adied as a result of injuries sustained when he fell from a bus
in Shweiki Village, on 13.7.46.

The body is to be found at the Government Hospital, Nablus.

I shall be grateful if you will be good enough to arrange for
the body to be examined by a M.O.H. or a qualified Medical Practitioner with
a view to determine the cause of death.

I shall also be grateful if you will notify me of the date
you desire to hold an inquest in this case to enable me to produce witnesses
before you with a view to obtaining a copy of your verdict.


R.C. Jowett.
Station Officer.

Copy to Tulkarm Police Station.

List of Visitors For

قائمة زوار لوكا ندة الدقهيل

Room No.	الاسم واللقب Name & Surname	الجنسية Nationality	المهنة Occupation	محل الإقامة Residence	الوصول Date & hour of Arrival	المغادرة Date & hour of Departure	امضاء الزائر Signature	امضاء الفئة
٢	مصطفى إبراهيم	فلسطين	زراعي	صانور	١٢/١٢/٥٩	١٢/١٢/٥٩	مصطفى إبراهيم	
٢	احمد عبد الرحمن	-	-	سيرة	-	-	احمد عبد الرحمن	
٢	صالح محمد حبيب	-	-	كف قاسم	-	-	صالح محمد حبيب	
١	محمد عوده مطر	-	-	كف راعي	-	-	محمد عوده مطر	
٢	محمد ابو الدخيل	-	-	كف قاسم	-	-	محمد ابو الدخيل	
٢	توفيق محمود حماد	-	-	ميتلونه	٧	-	توفيق محمود حماد	
١	ابراهيم يوسف	-	-	زبابده	-	-	ابراهيم يوسف	
٢	طاهر علي عبد المجيد	-	-	الاربع	-	-	طاهر علي عبد المجيد	
٢	عبد الله الدخيل	-	-	طونزه	٨	-	عبد الله الدخيل	
١	نجيب عبد القادر	-	-	سيرة الفهر	-	-	نجيب عبد القادر	
١	محمد الراعي	-	بحري	يا ظا	-	-	محمد الراعي	
١	نورا الشق	فلسطين	زراعي	صانور	١٢/١٢/٥٩	١٢/١٢/٥٩	نورا الشق	
١	مايا نوري يوسف	اردني	تاجر	البلد	٦	-	مايا نوري يوسف	
٢	صالح محمد حبيب	فلسطين	زراعي	كف قاسم	-	-	صالح محمد حبيب	
٢	صالح احمد صالح	-	-	علق	٧	-	صالح احمد صالح	
١	محمد حسان	-	-	سيرة الفهر	-	-	محمد حسان	
٢	احمد صبور	-	-	قصر	-	-	احمد صبور	
١	نجيب عبد القادر	-	-	سيرة الفهر	-	-	نجيب عبد القادر	
١	احمد سليمان	-	-	طونزه	-	-	احمد سليمان	
١	رشيد محمود	-	-	-	-	-	رشيد محمود	
٢	محمد العوده	-	-	-	-	-	محمد العوده	
٢	يوسف محمد ابو	-	عالم	طونزه	-	-	يوسف محمد ابو	

Signature of Hotel Owner

امضاء صاحب الاوكا ندة

محمد حنانو

امضاء البوليس

Signature of Police